STATE OF WASHINGTON EMPLOYMENT SECURITY DEPARTMENT WAGE VERIFICATION

CLA	AIMA	NT:						SS	SN:		
UBI	l:								IS IS CLA		AGE VERIFICATION NOT A NOTICE
	COU									com bene sect quar clair show payr effect your this	ployer quarterly tax reports are pared with Unemployment Insurance efits paid to claimants. This social urity number appeared on your reerly tax report. The claimant filed ms for benefits during the weeks wn in column B. Since improper ment of benefits can have an adverse ct on taxes paid by employers, it is to advantage to complete and return form within 30 days.
IF	YOU	FEEL		T YO	DU I	HAVE		THIS	ICTION	IS	ERROR, PLEASE SEE REVERSE FOR
	IND	CATELI	A	MODICE	·D		В		C		Instructions for Completing this Form
SUN	MON	TUE	WED	THU	FRI	SAT	WEEK ENDING DATE	CODE	GRC WAC DOLL	SES	If the claimant worked in any of the weeks listed in column B, enter the hours worked each day in column A, and the gross wages in column C.
											If the claimant did not work in any of the weeks listed in column B, please complete only 3 and 6 below.
											If you included any severance pay, vacation pay, wages in lieu of notice, bonus pay, or shared work as part of the gross wages in column C, please explain and list separately in the comment section on the reverse.
											3. Dates of employment: From: To:
											4. Rate of Pay:
											5. Type of work period: Monthly Semimonthly-Date period ends
											Weekly-Circle day period ends Su M Tu W Th F Sa Biweekly-Circle day period ends Su M Tu W Th F Sa
											6. I certify this information I have provided is true and accurate to the best of my knowledge: By:
	+			\vdash		+					Title: Date:

					Telephone: () Ext:
					Fax ()